

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	)	<b>MAIL STOP AMENDMENT</b>
	)	
Roger Rozot et al	)	Group Art Unit. 1616
	)	
Application No.: 10/716,410	)	Examiner: Sharmila Gollamudi Landau
	)	
Filing Date: November 20, 2003	)	Confirmation No. 5557
	)	
Title. COMPOSITION FOR CARING FOR	)	
THE HAIR OR THE EYELASHES,	)	
CONTAINING A	)	
PYRAZOLECARBOXAMIDE	)	
COMPOUND, USE THEREOF FOR	)	
STIMULATING THE GROWTH OF	)	
THE HAIR AND THE EYELASHES	)	
AND/OR FOR REDUCING THEIR	)	
LOSS	)	

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application

- ☒ A Petition for Extension of Time is enclosed.
- ☐ \_\_\_\_\_ Terminal Disclaimer(s) and the ☐ \$ 65 ☐ \$ 130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed
- ☐ Also enclosed is/are: \_\_\_\_\_
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$ 405 ☐ \$ 810 fee due under 37 C.F.R. § 1.17(e)
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted \_\_\_\_\_ on \_\_\_\_\_ for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least \_\_\_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

- ☐ A Request for Entry and Consideration of Submission under 37 C F R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	41	58	0	x \$ 50 (1202)	\$ 0
Independent Claims	7	16	0	x \$ 210 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 370 (1203)					\$ 0
<b>Total Claim Amendment Fee</b>					<b>\$ 0</b>
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
<b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>					<b>\$ 0</b>

- ☐ Charge \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the fee due.
- ☐ Charge \_\_\_\_\_ to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C F R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date November 13, 2007

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